

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL012042 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED R 08/01/2019 |
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| NAME OF PROVIDER OR SUPPLIER BURKE LONG TERM CARE | STREET ADDRESS, CITY, STATE, ZIP CODE 125 CAMELLIA GARDEN STREET MORGANTON, NC 28655 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| {C 000} | Initial Comments Report of Biennial Follow Up Construction Survey by Dennis Harrell on 8-1-2019. Some deficiencies were not corrected. Further action is required. | {C 000} | | |
| {C 111} | Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire. | {C 111} | | |
| {C 189} | Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. | {C 189} | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| {C 189} | Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the fire alarm system dialer worked but was showing 2 "Trouble" conditions, "Line Fault" and "Silenced". Finding on 8-1-2019; Interview with the Administrator indicated the problem is with the AT&T line coming into the facility. She stated she had spent many hours trying to get AT&T to correct the problem. | {C 189} | | |